

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em;">101525487</div>	FILING DATE
CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1		1		51	
2		1		1		1	52	
3		1		1		1	53	
4		1		1		1	54	
5		1		1		1	55	
6		1		1		1	56	
7		1		1		1	57	
8		1		1		1	58	
9		1		1		1	59	
10		1		1		1	60	
11		1		1		1	61	
12		1		1		1	62	
13		1		1		1	63	
14		1		1		1	64	
15		1		1		1	65	
16		1		1		1	66	
17		1		1		1	67	
18		1		1		1	68	
19					1		69	
20					1		70	
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43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	1	↓	1	↓	3	↓	TOTAL IND.	↓
TOTAL DEP.	31	←	17	←	17	←	TOTAL DEP.	←
TOTAL CLAIMS	32		18		20		TOTAL CLAIMS	